

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)					
APPLICANT(S)					
SERIAL NO.	FILING DATE				
CLAIMS					
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL CLAMS	TOTAL DER.	TOTAL IND.	TOTAL DEP.	TOTAL IND.	TOTAL DEP.